

ATTACHMENT C

**Price Proposal Form
Temporary Agency DP Programmers for DHCD
Request for Proposals # 10-26-001**

Offerors Name: _____

Classification	Price per Hour	Estimated Number of Hours	Total Estimated Price (price per hour multiplied by 40 hours)
DP Programmer Analyst	\$	40	

The estimated hours above are being provided only for the purposes of comparing bids and are not intended to be a guarantee of work effort.

Offeror: _____ Signature: _____

Address: _____ Printed Name: _____

_____ Position: _____

Contact Phone: _____ Email: _____

Federal ID#: _____

State of Maryland SBR Certification No. (if applicable): _____

State of Maryland MBE Certification No. (if applicable): _____